

Department of Human Services
Division of Child Care & Early Childhood Education
Child Care Attendance Record

Name of Facility _____

[illegible]

I declare under penalty of perjury that the above information is true and that these children were provided child care at the above location on the days listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

DHS 9800 A2

Director/ Owner Signature

Date _____